

COMFORT ROUNDS VOLUNTEER PROGRAM:
ENHANCING VOLUNTEER ENGAGEMENT & RETENTION

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Abstract

Falls continues to be one of the most preventable adverse events in the hospital and in the home setting. Falls prevention programs have not significantly reduced falls or falls risk. Hourly rounding and comfort care rounding have shown some promise to reduce the risk for falls. However, most programs require the medical care team to do hourly rounding. Queen's Medical Center (QMC) implemented a pilot program called comfort rounds (CR) where volunteers rounded hourly while providing comfort care. The CR program achieved the goal of reducing falls to zero when the CR volunteers were on the floor. After the initial success of the program, QMC was faced with the problem of training and providing enough volunteers to continue the program's success. QMC quickly saw the need to implement volunteer engagement and retention strategies.

In order to continue the success of the comfort rounds program, the purpose of this evidence-based practice (EBP) quality improvement project focused on engaging and retaining CR volunteers. This project implemented two interventions using empowerment and leadership engagement strategies to increase volunteer retention. The volunteers' feedback forms were reviewed and indicated an increase in volunteer engagement and retention. The primary challenges were (a) to continually engage CR volunteers with opportunities that will benefit their future and (b) dedicate and establish a manager to lead and take ownership of the program. This Project suggests further efforts be placed on determining what volunteers see as beneficial and offering other volunteer engagement strategies such as networking, expert shadowing opportunities and patient population expansion.

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Introduction

Queen's Medical Center (QMC) implemented the comfort rounds (CR) program to supplement their existing falls prevention program. The CR program had three objectives: (a) to reduce falls, (b) to increase patient satisfaction, and (c) to provide comfort care for patients using volunteers. In July of 2017, the pilot program was launched on Tower 5 (T5), the neuroscience floor. The program's success was validated by the number of falls being reduced to zero when CR volunteers were on the floor (personal communication, Kawehi Kauhola, April 6, 2018). However, the CR volunteer program was lacking in consistency and stability.

Definition of the Problem

An informal analysis of the CR volunteer program by the CR management team (personal communication, Brenda Ana and April Light, [August 10, 2018]) indicated CR volunteers lacked commitment, stability and role consistency. Inconsistencies in executive leadership was another obstacle that delayed the sustainability of the CR program. These problems impacted volunteer retention because volunteers became frustrated, stagnant and bored resulting in their leaving or transferring to another volunteer program. Without a stable and dependable group of volunteers and leadership consistency, it is difficult to successfully run the CR program.

CR Program Background

The CR volunteer program was implemented in July 2017 as a pilot program on QMC T5 approved by the Falls Prevention Steering Committee and QMC Executive leadership (consists of nurse managers, patient safety and quality control representative, the chief nursing officer, the chief patient safety officer).

The CR program is housed in the Falls Prevention Committee with the executive steering committee as its leadership. The T5 nurse manager and volunteer manager made up the CR management team. The T5 nurse manager is responsible for the clinical or medical side and the volunteer manager is responsible for the volunteer side of the program. However, no individual was designated as the lead person responsible for the CR program and direct liaison between the clinical side and the volunteer side.

The program was a success for two months during the summer of 2017 using college student volunteers. The CR volunteers were scheduled three days a week from 8am-12noon. When summer was over, the CR volunteers ended their duties and went back to college. The comfort rounds program was suspended due to lack of volunteers and renovations on Tower 5.

In September 2017, two volunteers reignited the CR volunteer program. A CR volunteer trainer position was added to train and supply enough volunteers to cover T5's CR volunteer shifts. To fully staff T5 for comfort rounds, a total of 28 CR volunteer shifts for a 7-day week or 20 volunteer shifts for a 5-day week were needed. From January to March 2018, an additional eleven volunteers were selected and certified. Comfort Rounds were fully staffed for a 5-day week with thirteen volunteers for two months.

Then, in May 2018, three CR volunteers returned to school and four left for unknown reasons. With six committed and dedicated volunteers remaining, the volunteer office was able to cover only four of the five days with one volunteer per shift. It was difficult to maintain the CR program success with so few volunteers.

The Summer Track volunteer program provided CR volunteers for two-four week periods. The first track started in June 2018 and the second in July 2018. The Summer Track program provided on average twenty to twenty-five volunteers for each track. These volunteers

consisted of mostly college students. With the increase in volunteers, the CR program was able to cover a seven-day week for both morning and afternoon volunteer shifts. When summer was over, most went back to school leaving comfort rounds an average of nine committed volunteers. The retention rate was about 36% at the end of summer.

Problems with Volunteer Retention

The volunteer office obtained informal feedback from the CR volunteers. The volunteers stated that comfort rounds had gotten boring and repetitive (personal communication, April Light, August 10, 2018). It was noted that some CR volunteers were missing volunteer shifts or had dropped out without notice. Additionally, some CR volunteers mentioned that they did not know what to do or who to ask when various situations come up like when patients made them feel uncomfortable or did not want anything and it seemed like the care team did not want to be bothered. Another issue was too much down time because the CR rounds were averaging about thirty minutes (personal communication, April Light, August 10, 2018). In summary, CR volunteers were voicing the problems they were having and there was no one on the floor specifically designated for them to talk to, which led to a lack of commitment.

These CR volunteers were not only looking for just a volunteering opportunity but an opportunity that would benefit their future. The CR volunteers consisted of mostly college students looking for a career path in healthcare or looking to advance their skills in healthcare. In order to retain the CR volunteers, retention strategies were needed. Some of the retention strategies that could be used are as follows: (a) learning communication skills and techniques to better communicate with patients and care team, (b) learning about the hospital and its day-to-day operations, (c) shadowing opportunities with doctors and nurses, and (d) stable, consistent, and available leaders to manage the program and maintain a loyal group of volunteers. These

retention strategies would excite and keep the CR volunteers interested in the CR program, while giving the volunteer benefits they seek for their time.

The Leadership responsible for comfort rounds training for the T5 care team consisted of the Executive Team, the Falls Prevention Steering Committee and the CR Management Team. An associated issue related to inconsistencies in the CR Program leadership led to difficulty in rolling out the CR program to the T5 care team, consisting of predominantly RNs, CNAs and unit secretaries, in a way in which the care team understood how the CR volunteers would be assisting them. It seemed like there was “buy-in” by the T5 care team but there was no manager designated to monitor and manage the program, give proper training and promote the shift to this new program.

Review of Literature

A literature search was completed using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and PubMed databases. Search terms included Acute*- hospital, Rounding-hourly, comfort or intentional, Engagement- staff & volunteer, patient education & safety, Falls, Prevent*-prevention/prevention strategies/reduce falls, Retention, Strategies*- training/plan/programs and Volunteer*-volunteerism, volunteer retention. The literature searches yielded 323 articles from various publications. The articles were narrowed to 13 articles using the following inclusion criteria: (a) academic journals, (b) age: 19-44 years, (c) publications dates within the last ten years, and (d) relationship to the DNP Project’s topic.

The 13 articles were rated using the Mosby’s level of evidence. This resulted in the classification of five level 1-2 articles, four level 3-5 articles, four level 6 articles and zero level 7 articles. The articles reflected the following categories: prevention of acute/hospital falls, comfort/intentional/hourly rounding and engagement strategies of staff & leaders.

Prevention of Acute/Hospital Falls

Falls are the most avoidable adverse event in the hospital (Hicks, 2015). In Canada, 1 in 1263 patients had an in-hospital fall (Ireland et al., 2012). In Australia, 3 in 1000 patients had an in-hospital fall (Stephenson et al., 2016). In the US, there were 3.3 to 11.5 falls per 1000 patient days (Opsahl et al., 2017). Successful strategies used in the acute/hospital setting included falls prevention patient education involving patient only and patient-family/caregiver as a team (Hill et al., 2013; Opsahl et al., 2017). These programs utilized multiple components to enhance patient education, which prevented falls by as much as 30% (Miyake-Lye, Hempel, Ganz, & Shekelle, 2013; Ryu, Roche, & Brunnion, 2009).

Comfort/Intentional/hourly Rounding

Comfort rounding is interacting with patients on a planned and regular basis to anticipate and meet their needs while ensuring quality care and patient safety (Ford, 2010; Hicks, 2015; Hutchings, Ward, & Bloodworth, 2013). Comfort rounding was performed to proactively meet patients' needs with regular and intentional visits (Hicks, 2015). Hourly rounding addressed the four P's (pain, potty, position, possession), assessing issues and effectively letting the patient know when a member of their care team will return (Hicks, 2015). With hourly rounding, patients were less likely to get out of bed or try to get a personal item not close to them, which could have led to a fall (Ford, 2010; Hutchings et al., 2013).

Engagement Strategies of Staff & Leaders

Studies have shown that successful program implementation is rooted in strong leadership support, engagement from front-line staff and guidance by a committee (Goldsack et al., 2014; Hutchings et al., 2013; Miyake-Lye et al., 2013). It is important to have "buy-in" from the executive level, in which all staff should be accountable and responsible for the

program (Goldsack et al., 2014). The success of the program started with proper training and promotion of the shift to the new procedure or process by supportive unit champions, other front-line clinical staff, and the committee (Hutchings et al., 2013; Miyake-Lye et al., 2013). Program champions and a supportive coach or clinical team leaders should be identified to spearhead the program. For a successful program, it was highly recommended to have leaders to drive changes in practice, to answer questions promptly, and to give support to the staff (Hutchings et al., 2013; Miyake-Lye et al., 2013). These studies emphasized leadership as a key factor to a successful program.

Volunteerism presented both challenges and opportunities for the health sector (Rogers, Rogers & Boyd, 2013). The volunteer environment is changing from older to younger volunteers. Volunteers are seeking more highly skilled positions that are associated with their personal and professional goals. They are also looking for interesting and varied assignments. For the above reasons, many hospitals are hiring professional administration to manage volunteers effectively (Rogers, Rogers & Boyd, 2013). Students looked for opportunities where volunteering would build self-confidence by interacting with others in difficult and new situations (Holdsworth, 2010). Volunteers became key stakeholders in healthcare, and Pesut, Hooper, Lehbauer, & Dalhuisen (2014) suggest that greater attention was needed to ensure adequate leadership, training and ongoing support for volunteers.

Conceptual Framework

The Iowa Model of Evidence-based Practice was the conceptual framework that guided this DNP project. This Model provided a guide for healthcare providers to utilize research findings to make significant practice change and thus improve patient care (Tilter, Steelman, Budreau, Buckwalter, & Goode, 2001).

This EBP project was implemented on QMC-T5. The Iowa Model is the dedicated conceptual framework for all evidence-based quality and performance improvement projects at QMC.

PICO Question

The components of PICO are: (P) T5 patients, staff and CR volunteers, (I) implementing practice changes 1 and 2, (C) comparing retention pre and post interventions, and (O) increasing volunteer retention. The PICO questions is “Will engagement strategies improve CR volunteer retention rate?”.

Purpose

The purpose of this evidence-based practice (EBP) project was to create program sustainability for the CR volunteer program. Implementation of two engagement strategy interventions should increase volunteer retention.

Goals

The long-term goal of this project was to increase CR volunteer retention using engagement strategies. By delineating a CR volunteer program, the short-term goal was to increase CR volunteer retention by 20% within 8 weeks.

Approach

Project Design

The project design was an 8 week program involving (a) training and certifying CR volunteers to hourly rounding and comfort care; (b) using retention/engagement strategies that emphasize benefits to CR volunteers such as learning interaction and communication skills with both patients and T5 care team; (c) empowering the CR volunteer to take ownership in the program by increasing their responsibilities such as being a senior CR volunteer trainer and

teaching patients and family caregivers fall prevention strategies; and (d) adding a CR manager for support and guidance.

Institutional Review

All EBP activities were classified as non-human research at the University of Hawaii at Mānoa. This project also underwent the QMC's mandatory EBP review and received approval.

Volunteers

All volunteers at the QMC indicated interest to become a CR volunteer, successfully passed the screening, and were invited to join this project. This project was done in collaboration with the Volunteer Office to allow incorporation of some acknowledgement, such as a letter for the volunteer's personnel file. Members of the patient care team on T5 were also asked to volunteer.

Steps of the Program

Implementation of this DNP project started in November 2018. Two volunteer engagement strategies were used that consisted of: (a) empowerment - weeks 1-4; and (b) leadership support- weeks 5-8. The implementation schedule is shown in Table 1.

Table 1. Implementation Schedule

Time Period	Activity
Before intervention	Volunteer selection, completion of CR training program and certification by CR trainer
Week 1	Empowerment: CR volunteers trained to use falls prevention tool
Weeks 2, 3, 4	Empowerment: CR volunteers taught falls prevention strategies
Weeks 5, 6, 7, 8	Leadership support: Implementation of CR manager role

As shown in Table 1, prior to the onset of the intervention, the hospital volunteers were invited to join the comfort rounds program after their general 2-week volunteer orientation and training was completed. The criteria for selection into the comfort rounds training program

were: (a) interest in healthcare as a career, (b) personal statement or resume, (c) interview with volunteer manager and (d) college students and other volunteers over the age of 18.

Upon selection into the comfort rounds training program, the volunteer shadowed a senior CR volunteer for two shifts to ensure: (a) the volunteer wants to participate in the CR program, (b) the volunteer is willing to participate in the CR program and (c) the volunteer is able to follow explicit instructions and training to qualify for the CR program. Following the shadowing experience, the volunteer trained with the CR trainer. The CR Volunteer Training Curriculum is shown in Appendix A.

Volunteers who completed the CR training program were certified by the CR trainer. After certification, the CR volunteer participated in this EBP project.

Implementation of the EBP project started with CR volunteers trained to teach falls prevention strategies using the falls prevention tool (Appendix B). The first week of the intervention, the CR volunteers were trained how to teach, and selected patients and family caregivers open to learning falls prevention. Then, CR volunteers taught falls preventions strategies from the acute to the home setting for the next 3 weeks. On the second month of this the EBP involved piloting the CR Manager. This position was filled by the EBP project director. The CR manager was the point person for both the volunteer side and the clinical side. The CR manager provided support and guidance to the CR volunteers and was the liaison between the T5 care team and the volunteer office.

Information Collected

The information gathered was kept confidential and private. Information was collected using a data spreadsheet (see Appendices C-E). The feedback information collected was reviewed, discussed and summarized. The CR Manager talked with CR volunteers gathered

together in a group or individually interview to expand on their written responses on the feedback form. They also further discussed topics that could potentially increase volunteer retention within the following engagement strategies: (a) empowerment and (b) leadership support. The CR manager talked with the CR volunteers and wrote their responses from the discussion, which was categorized in the spreadsheets (Appendices C-E).

Evaluation

The CR volunteer program successfully engaged and retained volunteers. The number of volunteers increased from 16 to 21 by the end of the intervention period, which equated to a 23.8% increase in volunteer retention. The falls prevention tool created engagement and empowerment, in which volunteers stated they felt like they made a difference in patients' lives. The CR manager provided needed support by answering questions, monitored the CR volunteer's skills to ensure skill consistency and provided guidance when the volunteers needed help with an uncomfortable situation.

Outcomes

Many of the CR volunteers reported they were comfortable teaching falls prevention using the tool. They stated that the tool was simple, straight forward and easy to use. The CR volunteers mentioned that some patients and family members were open to learn falls prevention techniques and were appreciative to understand why falls prevention was such a problem. With the ease of teaching falls prevention, CR volunteers felt engaged, empowered, and rewarded because they felt like they were making a difference in their patients' lives.

There were some challenges that developed with the implementation of the falls prevention tool. CR volunteers mentioned that some patients were not receptive or did not want to be bothered. Other CR volunteers were unsure when to teach and which patients to choose.

Some of the recently trained CR volunteers were apprehensive to teach falls prevention because they had not solidified their CR skills yet.

The second month a CR manager was added to the CR program. The volunteers stated they felt supported and felt more comfortable with someone designated for them turn to. The CR volunteers valued having someone on the floor who was easily accessible to guide, teach, give advice, and answer their questions. The CR manager implemented a communication log between CR volunteers, which allowed them to converse and leave precautionary messages when something significant happened during their shift. The CR manager created more consistency to update CR volunteers with memos regarding changes to the program and precautions to acknowledge while on the floor. The CR manager listened to the volunteer's suggestions and requests. For example, the falls prevention tool (see appendix F) was revised adding reasons for why falls prevention is important to know. The CR volunteers were more equipped to convey the importance of falls prevention to patients and family, which made the patients and families more receptive. The CR volunteers expressed that they felt rewarded like they were a healthcare professional helping their patients. Another example is when a volunteer voiced the difficulty of getting report from the nurses in the morning because they did not recognize them. The suggestion was made and implemented to place pictures of the nurses in the CR binder for easier recognition. The CR volunteers conveyed that they felt empowered, gratified, and fulfilled because their suggestions were heard and implemented.

There were some challenges that the CR manager faced. Some CR volunteers mentioned that they were bored because comfort rounds became repetitive. The CR volunteers were proficient enough to complete rounds within thirty minutes, which caused too much down time in between rounds. There were many suggestions conveyed to the CR manager and the

management team. Some of those suggestions were: (a) assisting RNs or CNAs with patients in the presence of the RN or CNA, (b) seeing a different population of patients on different floors or the emergency department, and (c) accompanying patients who were approved to walk around the floor. The challenge was who to approach to discuss and approve these suggestions. In the meantime, CR volunteers left the program because they got bored and perceived they were not benefiting from the program any longer.

The CR manager was the liaison between the T5 staff, the volunteers and volunteer office and the T5 care team. The T5 nurse manager and charge nurses were able to concentrate on taking care of patient's medical needs. In situations where CR volunteers were uncomfortable or unsure, they would ask the CR manager for help when they situation did not warrant help directly from the primary nurse. Some T5 staff wanted the CR volunteers to assist them with taking patients to the bathroom or walking patients around the floor. The CR manager helped the T5 staff understand by explaining the reasons why CR volunteers were not able to assist and then provided additional suggestions of what the CR volunteers could help with.

Facilitators and Limitations

The facilitators were some of the key stakeholders in the program, who are Brendalee Ana, T5 nurse manager, April Light, volunteer manager, and the senior CR volunteers. Although the feedback was mostly positive from volunteers, there are certain limitations that must be addressed.

Facilitators. Brendalee Ana was the liaison for the comfort rounds program and a representative in the executive steering committee for Falls Prevention. Brenda was an integral part of the success of comfort rounds as she was able to make some quick decisions and approvals being the nurse manager on T5.

April Light is the volunteer manager who provided great volunteer candidates to the comfort rounds program. She is responsible for the continual volunteer recruitment and rigorous screening process for the comfort rounds program. April is very dedicated to the comfort round program because it has benefited so many of the volunteers she has selected to the program.

Many Senior CR volunteers were dedicated to the comfort rounds program and to enhancing and growing the program. They worked hard to train and illustrate to the new volunteers the benefits and rewards of staying in the program longer. Some of the senior volunteers have attributed their success to being in the comfort rounds program. One got accepted to the John A. Burns School of Medicine (JABSOM) and another was accepted to the 'Imi Ho'ōla program that guarantees you a spot at JABSOM upon completion. Another senior volunteer got accepted into an accelerated post-baccalaureate nursing program with the opportunity to get her DNP at Baylor. One of the senior CR volunteers will be graduating from nursing school in May and has recently decided to get his DNP as well. These volunteers' stories also helped to entice more CR volunteers to stay in the program longer.

Limitations. One of the most significant limitations was there was no individual at the executive leadership level designated to cover the comfort rounds program. The CR management team consisting of Brendalee Ana, April Light and the CR manager were able to maintain the CR program but they were not able to authorize some of the requests that volunteers proposed as a solution to repetitive work and long down times. For example, CR volunteers requested to see different populations of patients because comfort rounds being only on one floor was getting monotonous. Expansion to new floors was requested but there was no one person in executive leadership that took ownership of the program and could grant authorization. Therefore, CR volunteers became bored with the same population of patients and the same tasks

on T5 resulting in them leaving the floor. The second limitation is that volunteers are not obligated to stay and can leave for a reason or no reason. Life events happen like work, school, family, and the like that can take precedence over volunteering. Another limitation was the data collection style with open-ended questions, which may not have been answered as the question intended. Lastly, one month was not enough time to fully assess the depth of how each intervention could have done in a longer time frame.

Discussion

Queen's Medical Center implemented the comfort rounds program to help their existing falls prevention program reduce falls and fall risk. Problems with retaining CR volunteers stemmed from a lack of stability, commitment, and practical knowledge of comfort rounds by volunteers and inconsistencies in leadership of the CR team. With little leadership, the CR volunteers stated they were stagnant and bored. Once the CR volunteers mastered the CR role, they did not see new benefits to engage them in the comfort rounds program and they left without notice or asked to be transferred to another program. Volunteering is a short-lived luxury that many have passion to do. Making a difference in patient's lives is very rewarding. All in all, it is difficult to run the CR program successfully without reliable and dependable volunteers and leadership consistency.

The implementation of the falls prevention tool and the CR manager created engagement and retained volunteers. Teaching falls prevention was very rewarding for the CR volunteers and this skill also benefitted their future as a healthcare professional. The CR volunteers embraced the support and guidance from the CR manager. Many of the volunteers expressed how this opportunity made a difference in their lives because they solidified their decision to go into a healthcare field. Most have decided to go to medical school and nursing school. The volunteers

also recognized that they could not do a program like comfort rounds in any other hospital or facility. After the interventions, some volunteers mentioned that they stayed in the program longer because of the benefits and connections they made.

The comfort rounds program is a successful program because the CR volunteers are passionate and invested in the program. The CR management team created an environment where the volunteers could get engaged and they thrived. The CR volunteers saw the benefits of being in the CR program that gave them more opportunity to advance in school and in their careers. The patients, family and care team voiced their appreciation for the great job the CR volunteers do daily. In the end, the CR program achieved its objective to reduce falls, increase patient satisfaction while providing comfort care and achieved this DNP project objectives to increase volunteer retention using engagement strategies

This EBP project met the DNP Essentials of Doctoral Education for Advanced Nursing Practice by implementing nursing interventions that have influenced outcomes in healthcare for individuals or populations (American Association of Colleges of Nursing, 2006). (See Table 7 for detailed information)

Future Recommendations

There are more benefits for the CR volunteers to stay in the CR program than to leave. The comfort rounds program has successfully met the goal of reducing falls to zero when the comfort round volunteers are on the floor. Therefore, a recommendation is made to continue the CR program with the following changes to increase volunteer retention.

Add Manager, Leader or Unit Champion Position to Spearhead CR program.

There were many suggestions conveyed to the CR manager and the management team but they did not have the authority to approve and implement the suggestions The CR manager

would be the liaison between the volunteer side and the clinical side as well as the designated manager for CR volunteers to seek help and guidance. There should also be a designated person in executive leadership who will take ownership of CR program. Then, the next step is to give the CR manager the authority to run this program. While the T5 & volunteer office manager inquired who in executive leadership would be able to review and possibly approve these suggestions, there was no one designated person in executive leadership who could approve implementation or who took ownership for the CR program. The continued success of the CR Program will require executive leadership to take ownership of the CR program because there is a need for decisions that will affect the hospital such as expansion of CR to another floor or to the emergency department.

Address Key Reasons for CR Volunteers Leaving Program

The CR manager with the help of the T5 nurse manager and the volunteer manager should team up to present and promote the CR program to executive leadership. Volunteers feel empowered and heard when they are able to make the CR program better and make a difference in their patients' lives. This engagement strategy has increased volunteer retention. The CR manager will need to promote future expansion to new floors to solve the problem of boredom and create new benefits and opportunities for CR volunteers. Volunteers stay with a program because it will benefit their future.

It is also critical to determine what opportunities volunteers perceive as beneficial to them. There are other retention strategies that will benefit the volunteers like networking, doctor/nurse shadowing opportunities and workshops that will teach them a new skill, personal and professional development or something about the hospital.

Recommended Approach

Operationalize a Falls Prevention PI Coordinator position at Queen's Medical Center Punchbowl.

1. Summarize job description (see Table 2)

Table 2 Falls Prevention PI Coordinator Job Description Responsibilities

Objective	Provide leadership guidance in regard to all Falls Prevention activities and manage the daily job responsibilities.
Reports	Falls Prevention Steering Committee Housed in the Patient Safety & Quality Control department
Leadership role	Supervise comfort round volunteer program; liaise between the clinical and volunteer sides of the comfort rounds program; Provide guidance and assistance to falls prevention activities and events
Comfort Rounds Manager	CR Volunteer Orientation & Certification; Recruitment; Volunteer Management; Engagement Strategies; Communication; Expansion; Future projects: expansion to Queen's West liaison
Falls Prevention	Falls Fair; Falls Prevention print media-patient brochures, training manuals; Tiger TV informercials and training videos, Skills fair-falls prevention workshop; Future events and activities
Financial Management	Understands the medical center budget process Participates/develops the budget Recognizes and takes action on budget variances to meet targets
Performance Requirements	Knowledge and practice of professional nursing theory and falls prevention. Knowledge and ability to train and teach skills in relation to falls prevention programs Skill in identifying problems and recommending solutions Skill in establishing and maintaining effective working relationships with nurses, physicians and department staff Ability to communicate effectively, orally, and in writing, in diverse situations Ability to act calmly and tactfully in stressful, emergency, or confrontational situations Ability to handle multiple tasks at one time.
Minimum Qualifications:	Education/Certification and Licensure: BSN; preferably MSN; DNP Current Hawaii license as Registered Nurse Evidence of continuing education Current CPR certification Experience: Minimum 2-3 years leadership experience 1-year Nursing or experience in medical field preferred

2. Submit new position request to the Falls Prevention Steering Committee for approval
3. Upon approval, the new position will be managed by Falls Prevention Committee but housed in the Patient Safety & Quality Control department. Specific logistics about job description will be specified after approval by department.

Conclusion

In conclusion, the benefits that volunteers get from this program are invaluable. The foundation of the CR program has been laid and solidified. With the implementation of volunteer engagement strategies, volunteer retention should increase to provide enough CR volunteers for the entire hospital.

Table 3. Comfort Rounds Volunteer Feedback-Pre-Intervention pg.1

Comfort Rounding Volunteer feedback Baseline data prior to interventions		1	2	3	4	5	6	7
1	Orientation: 4Hrs sufficient with trainer and 2 senior CRV shadowing?							
1a	What did you like?	good	Keep orientation as is practicing pt interaction doing CR on own	It is detailed enough to be confident in skills after training.	Helps to cement CR skills	Sense of fulfillment Gratitude from patients, RNs Meeting people of all ages and experiences = very humbling	talking with patients	Scenarios and how to react and resolve each situation. Examples were difficult and complicated to make me think of how to respond properly.
1b	What can be improved?	1st shift by yourself is hard.	Aggressive pt handling-more indepth orientation physical and verbally aggressive	Change format: 1 shadow then orientation then 1 shadow	Communication between CRVs needed. More consistency with Sr. CRV trainer CRV Sr Trainers should use manual like in orientation	More shifts with partners	Less down time	More explanation Review of where to find things on the floor
2	How did you benefit from the CRV program?	Learned	Learned	Learned	Learned	Learned	Learned	Learned
2a	Daily CR	Interaction with Patient -different pt pop broke up monotony	Interaction with Patient Hospital daytoday operations	Interaction with Patient Hospital daytoday operations Interaction with care team Falls Prevention helps Unit	Interaction with Patient Hospital daytoday operations Interaction with care team Increased self-confidence	Interaction with Patient Hospital daytoday operations	Interaction with Patient Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team
2b	Career		Solidified- Medical School	Solidified- Medical School	Solidified- Medical School Learned how wide & deep the healthcare field is.	Solidified career choice		Solidified career choice Career path feedback & suggestions
	I eliminated questions c, d, e, f because only a minimal number of CRVs were exposed to this.							
3	Would you recommend CRV program to others							
3a	Yes or No	yes	yes	yes	yes	yes	yes	yes
3b	Why or Why Not?	Practice Pt interaction	Practice Pt interaction Get out of shell; be open to learning Hospital operations	Interactive Intro to field Network with other students and medical staff Learn falls prevention	Pt interactions at bedside Forced to meet new ppl Intro to field to see if want to do it Practice to talk to patients		to meet patients and talk with them	Great learning experience Different perspective of health care Lots of pt interaction See hospital operations Saw how the CR program made a difference
4	Would you return?							
4a	Yes or No	yes	yes	yes	yes	yes	yes	yes
4b	Why or Why Not?	learned a lot	more experience	Great experience Love volunteering Best Hospital to volunteer at	Like to talk to patients Appreciate HCP and what they do Learn more from HCP on floor	fulfilling to help patients	fun opportunity a way to get patient interaction	Personal Growth & Maturity Connect with patients communicate with MD, RN, CNAs
5	Other ideas or suggestions							
	Would like to do more:	walk patients			Different pt populations Expand to other floors Teach Doctors what CR is so that we can observe/shadow more easily	Shadow a variety of medical staff	Ways to get patients talking to me	More connections with doctors (Shadow) Hone interpersonal skills by talking to patients more
	Suggestions:	Expand to other floors	Saturday pts get up later. Start CR 1st round later	Keep CR Binder stocked Better Continuity with scope Something to do during down time Manager to go to when help is needed on floor pictures of RNs	No communication on floor after orientation. A communication log or someone to maintain CR program on floor is needed. Monthly meeting were very helpful for updates and assistance with different pt encounters. Haven't had one in a while.			

Table 4 Comfort Rounds Volunteer Feedback PRE- invention pg.2

Comfort Rounding Volunteer Feedback Baseline data prior to interventions		8	9	10	11	12	13	14
1 Orientation: 4Hrs sufficient with trainer and 2 senior CRV shadowing?								
1a	What did you like?	Shadowing SR CRV Orientation solidified what SR CRV taught them.	Seeing different CR styles or approaches SR CRVs handle various situations differently	Patient Scenarios Shadowing other SR CRV to learn how they handle different situations Falls Prevention	Observing SR CRVs then being taught technique Then applying what I learned in the next patient's room	Small and large group activities to learn about the routines	SR CRV trainers showed me the ropes.	SR CRV training very clear
1b	What can be improved?	Opportunity to have 2 different senior CRV trainers Manual with SR CRV trainers instead of at orientation	Smaller training groups 2 CRVs per trainer	PPT on patient communication PPT on how to connect with patients	More scenarios practice Demonstrating what to do rather than just telling	a little difficult to process all the information in a short period of time	Reduce downtime between rounds	Trainer for the afternoon shift
2	How did you benefit from the CRV program?	Learned	Learned	Learned	Learned	Learned	Learned	Learned
2a	Daily CR	Interaction with Patient Hospital daytoday operations interaction with care team	Interaction with Patient Hospital daytoday operations	Interaction with Patient Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team
2b	Career	Applied to Med School Career path feedback & suggestions	Solidified career in medicine-internal or geriatrics	Solidified career in healthcare	Solidified career in healthcare	Solidified career in healthcare	Solidified career in healthcare Career path feedback & suggestions	Solidified career in healthcare Career path feedback & suggestions
3	I eliminated questions c, d, e, f because only a minimal number of CRVs were exposed to this.							
3	Would you recommend CRV program to others							
3a	Yes or No	yes	yes	yes	yes	yes	yes	yes
3b	Why or Why Not?	Pt. interaction experience is a rare opportunity. Great resume booster	Unique volunteer experience that gives you the most patient interaction Teaches you different forms of compassion & empathy	Great opportunity to interact with patients Feel more comfortable entering patient's rooms	Great opportunity to give back while gaining experience Pt. interaction	Great experience in hospital environment, seeing daytoday hospital operations, and helps to teach communication skills with patients and staff	CR helps you practice very important interpersonal and intrapersonal skills	Many benefits for volunteers. Interaction with patients Interaction with RNs Interaction with family
4	Would you return?							
4a	Yes or No	yes	yes	yes	yes	yes	yes	yes
4b	Why or Why Not?		Favorite QMC volunteer position I have ever had Why (see 3b)		It truly felt like I was making a difference	Seeing patients	Best way to make an impact on patients	I really enjoyed helping patients
5	Other ideas or suggestions							
	Would like to do more:	Expand to different floors	Different pt populations Spending more time on the floor	Hospital daytoday operations program doesn't give an in-depth look into work flow Spend more time with pts	Going to different floors to gain a broader experience	Direct experience with MDs	Go to different floors	Help RNs more
	Suggestions:	List of what can be offered to patients like healing touch, music therapy etc.	Expand to pediatrics	Expand to pediatrics and ER Interact with physicians More meetings/guest speakers about healthcare, health issues in Hawaii, research topics/ presentations Expand shadowing opportunities and build a database of providers that are willing to be shadowed.		Spent too much time searching for care team to get pt. information to start day. Suggest a plan with staff on assigned floor to be aware that CRVs will be on floor and will be asking for pt information.	Expand Hospital wide where CR is able to be.	Monthly summary of how CRV are doing on floor. Incorporated into binder Volunteer Log and Memo updates from CR Manager

Table 5 Comfort Rounds Volunteer Feedback – PRE- invention pg.3

Comfort Rounding Volunteer feedback Baseline data prior to interventions		15	16	17	18				
1	Orientation: 4Hrs sufficient with trainer and 2 senior CRV shadowing?								
1a	What did you like?	Orientation very thorough. Better understanding of CR after orientation	learning how to talk to RNs	Training pretty thorough.	Very informative				
1b	What can be improved?	Senior CRV Trainers should have a checklist for things to go over when training to better consistency with training and information	create more opportunity to be in the room with RN, MD and residents.	Needed to explain program to RNs and why I needed pt info. I felt I was intruding on RNs time. If expanding to other floors, please make sure medical team knows about program					
2	How did you benefit from the CRV program?	Learned	Learned	Learned					
2a	Daily CR	Interaction with Patient Hospital daytoday operations Interaction with care team	Interaction with Patient Hospital daytoday operations Interaction with care team	Interaction with Patient Interaction with care team	Interaction with Patient Hospital daytoday operations				
2b	Career	Solidified career in healthcare	Reconsidered Nursing as a career	Solidified career path in nursing	Career path feedback and suggestions				
	I eliminated questions c, d, e, f because only a minimal number of CRVs were exposed to this.								
3	Would you recommend CRV program to others								
3a	Yes or No	yes	yes	yes	yes				
3b	Why or Why Not?	Rewarding experience Good idea of what to expect when working in the hospital	It allows volunteers to have extended time on the floor to experience hospital environment	great opportunity for pt interaction Learning from pts too	one-to-one interaction with pts				
4	Would you return?								
4a	Yes or No	yes	yes	yes	yes				
4b	Why or Why Not?	I really enjoyed the CRV program. More rewarding than any other department you can volunteer in.	Enjoyed talking to ptients and being a "fly on the wall"	Enjoyed CR because of interactions with pts	Great opportunity for my future				
5	Other ideas or suggestions								
	Would like to do more:	See different patient population	Expand to different floors	Learn more about what pts need when hospitalized aside from tx and meds.	Having more pt interactions				
	Suggestions:	List of nurses w/ pictures Takes a long time to find the RNs in the morning especially when new because it is difficult to identify the RNs and then get the pt info	Expand to different floors						

Table 6 Comfort Rounds Volunteer Feedback – POST-invention #1 pg. 1

	Falls Prevention Teaching Tool	1	2	3	4	5	6	interview 1
1	Does CRs fulfill you, have rewarding situations and/or benefits?							
a	yes or no	yes	yes	yes	Both yes & no	yes	yes	
b	Why or why not	Making an immediate difference	CR helps me to improve my communication skills . Improve interpersonal skills with pts and RNs especially when I become an MD	Connecting with RNs and pts reaffirmed desire to work in healthcare. Good experience Motivation to start my career Sense of pride & belongin when helping others	Occasionally rewarding when I can tell RNs that their pt is in pain. Other times I feel it is repetitive and pts feel bthered by us	Some patients appreciate the extra assistance. At times, I feel intrusive to pts recovery.	inteach with pts work at bedside these skills will help me as a future MD	
c	Share examples	Getting water Listening to their stories ordering meals for them				The teaching we provide to pts sees effective, because sometimes the pts respond with "I didn't know that". I feel useful!		
2	When you teach pt about Falls prevention, does it make you feel like you are contributing to their future health and well being?							
a	yes or no	yes	yes	yes	yes	yes	yes	
b	Why or why not	A little bit; most crack jokes and don't really seem to listen, but the ones that do seem really keen on making changes and understanding the importance of fall prevention	Pt learned about Falls Prevention to prevent a future fall or risk of falling	There was a fall risk patient that I taught Falls prevention to and she had been nagging her husband to get handrails installed in their bathroom. I gave her a copy and she said shes' going to use it to further nag her husband. Family is the best support and we are helping to get them more involved.	Pts and family seem receptive to learning Falls prevention. Pts and family mentioned it would be helpful when they go home.	Some things I taught the pts were not aware of. I made a small difference in their life to prevent future falls.	Teaching pts something they didn't know about falls prevention	
3	Were you comfortable teaching patients and family Falls prevention usin the Falls prevention tool?							
a	yes or no	yes	yes	yes	yes	yes	NO	yes
b	Why or why not	It was simple and straight forward and pts wee easy to talk to	Fall prevention tool has good images and explanations of how to prevent falls	Patients and family are very receptive to learning. Usin the prevention tool helps to keep everyone focused and paying attention	Tool was simple to use and understand The concept is easy to grasp	Simple and Easy to teach	I wasn't really comfortable because some patients are quick to say they don't need anything and have you leave. It can be a little awkward to ask for some time to just talk to them.	But hard to know when to bring it out to teach Don't know which patients to choose. If there were someone to help me through a couple of days, I would have a better idea.
4	What types of patient care would you like to do that brings you a sense of fulfillment? Please give examples below:							
			Talking story with patients when they have no family Discussing some subjects about life style, social, health field Offeringn pts items/ food/drink	Teaching and provding them with comfort care, like ordering music therapy or healing touch.	I feel fulfilled by watchingpts improve knowing that I was a part of their recovery.	To be able to help alleviate their discomfort/ pain thought non pharmacologic measures	I would like to do things like help them with adjusting pillow, getting comfortable, etc. We don't really get to do tha at the moment.	Teaching tool made me feel empowered and responsible to help pts and family learn about falls prevention and why it is such a problem
5	Any other feedback about teaching Falls Prevention using the Falls prevention tool.							
				Ring the bell is not a good example because you can't buy one or know where to buy one. I use texting as an example but I have an example for elder who don't text. NOT SURE, IF CRV UNDERSTOOD THE EXAMPLE	Make into a phamplet Bigger font to read easier.	Larger pictures and font		New CRVs will have a hard time teaching while they are still getting use to CR. When CRVs are comfortable with CR, they should be taught how to teach falls prevention using the tool. Rewarding & Empowering!

Table 7 Comfort Rounds Volunteer Feedback – POST-invention #1 pg.2

	Falls Prevention Teaching Tool	interview 2	interview 3
1	Does CRs fulfill you, have rewarding situations and/or benefits?		
a	yes or no		
b	Why or why not		
c	Share examples		
2	When you teach pt about Falls prevention, does it make you feel like you are contributing to their future health and well being?		
a	yes or no		
b	Why or why not		
3	Were you comfortable teaching patients and family Falls prevention using the Falls prevention tool?		
a	yes or no	no	yes and no
b	Why or why not	I was new and would have liked someone experienced to show me how to approach pts and family and best way to start teaching.	I am comfortable teaching but it was hard to find the right time to teach. Some pts not in the mood to learn or willing to learn or knowing why we are teaching falls prevention.
4	What types of patient care would you like to do that brings you a sense of fulfillment? Please give examples below:		
		Teaching tool was rewarding and empowering. I felt like I made a difference, especially when I get great feedback from the patient like "Thank you for teaching me these things as I didn't realize how small things could help me so much"	
5	Any other feedback about teaching Falls Prevention using the Falls prevention tool.		
		Being new, I didn't teach too many patients because I was concentrating on CR. I also thought it was optional to teach the fall prevention tool because it wasn't in orientation and there was no one there to help me.	Would have liked someone who is experienced to accompany me into pts room to identify and teach pts Falls Prevention using tool.

Table 8 Comfort Rounds Volunteer Feedback – POST-intervention #2

CR Manager		1	2	Interview 1	Interview 2	Interview 3
1	Did the CR manager help you to do your job?					
a	Yes or No	yes	yes	yes	yes	yes
ai	Support	yes	yes	yes	yes	yes
aii	Answer questions	yes	yes	yes	yes	yes
aiii	Guidance	yes	yes	yes	yes	yes
aiv	Teaching	yes	yes	yes	yes	yes
av	Advice	yes	yes	yes	yes	yes
avi	Other					
b	Share examples	CR manager helped with unforeseen situations that were not covered in orientation	Ask questions Helped me determine whether or not I should go into a pt's room or not Suggested how to converse with pts Gave me insight to what was happening with the pt or why the hospital and care team do certain procedures.	During downtime, the CR manager taught us: 1) how to ask an RN if I could observe a procedure like checking glucose or how to put in an IV 2) She shared stories from other CRVs I felt more comfortable knowing someone was there that I could immediately go to for help or questions designated to CR program.	Answered questions about the hospital and why we need to teach falls prevention During downtime, the CR manager taught us: 1) She shared CR success stories like the bedpan and the external catheter, reporting a pt. not feeling well and ending up being septic, and alerted RN that a pt. couldn't breath. 2) Sharing her experience and knowledge as a graduate in nursing	Answered CR manager why we were not expanding to other floors. I liked that I could discuss this with someone I trusted and was determined to make this program better. I appreciated the CR manager talking with the RNs to get quick answers. At times, I don't want to be a bother even though the RNs tell me to ask anytime. It is nice to have the CR manager there to ask so that I don't feel like I am overstepping. I want to learn as much as I can before I have to start school again.
2	CR manager help to make your experience more beneficial and enjoyable?					
a	Yes or No	yes	yes	yes	yes	yes
b	Why or Why not	Nice to have someone around to ask for help in case we need it that is designated for CR.	Nice to know she was on floor if I needed her	I had a pt that was fonding himself. It was great to be able to talk to her about this situation and know that I did what was appropriate for that situation	We chatted a lot about her experiences and she made me feel more reassured that I am good at CR and will be great in healthcare.	Yes, she is easy to talk to and we talked about my future plans and what could be in store for me. She was supportive and gave me motivation.
3	When did you need help					
	Give examples	Ensured consistency in CR scope	When to go or not go into pt's rooms How to start a conversation Support to start the day and get info from RNs	Uncomfortable situations - talking it out after What to do during down time	Doing CR for a while, I didn't need help as much to do CR, but it was great to have her there to teach me more than just CR stuff.	I have been doing CR for a while and it would have been nice to have the CR manager on floor the day after orientation when I was unsure of my skills
4	Were the new procedures implemented by CR manager helpful?					
a	Update Memos from CR Manager					
	Yes or No	Yes	Yes	Yes	Yes	
	Why or Why not	easy to understand helped to be consistent and on track with duties	Good to know what is going on and if there are any updates to program	Consistency between CRVs, some CRVs knew more than others and I didn't know if that was them taking initiative or getting approval to do something. For example, looking in the window to determine if I should go into pt's room. I thought we were supposed to knock and peek in even if I knew the pt was sleeping. It is less intrusive to look through the window but I didn't know if that was the right procedure.	Nice to know my suggestions for improvement was being heard.	
b	Were the memos easy to understand and follow					
	Yes or No	yes	yes	yes	yes	
	Why or Why not					
c	Patient Logs					
	Yes or No	No	yes	No	yes but NO	
	Why or Why not	I didn't feel they were helpful because most of the patients were not the same people. Pt discharged too quickly	Helped me to know personal things about the pt. but there weren't many entries. Some entries were very old. I didn't know if I was supposed to enter something everyday for each pt.	Seemed like busy work. I like going into patient's rooms and getting to know them. I have no problems interacting with patients and didn't need the patient log to help me with this.	It was good when Robyn started the exercise to use these logs to learn how to chart the subjective part of a SOAP note. However, didn't want to do this for every patient especially when there wasn't much to write.	
d	Volunteer communication log					
	Yes or No	yes	yes	yes but NO	yes but NO	
	Why or Why not	Allowed us to talk to other CRVs even those we don't know	converse with other CRVs	good if I needed to converse with other CRVs but NO because I didn't need to.	yes but I guess I would have wanted to hear more from other CRVs like what happened to them during their shift that would help me. One CRV story was a guy that was moved to another floor asked where the CRVs were. That floor didn't have CR. The patient said he really liked it on T5 and that floor should have it, esp because he was from Hilo and didn't have family to visit him.	
5	Other	none	none	none	none	

Appendix A-Training Curriculum for CR Volunteer Program

Comfort Rounds (CR) Training:

1. Satisfactory participation in 2-week general volunteer orientation
1. Selection to train as a CR Volunteer by interest, personal statement, and interview.
2. Two Senior CR Volunteer shadowing shifts
3. One-4-hour orientation for “Certification” by the CR Trainer
4. Supervised by CR Trainer for at least three patient visits
5. Falls Prevention education in the acute care setting
 - a. Identify Falls risk in hospital room
 - b. Provide comfort care
6. CR Volunteers will teach patients and family caregivers how to adjust the environment to prevent falls
 - a. Hospital to Home transition for Falls prevention
 - b. See appendix B
7. Engagement strategies that emphasize benefits for CR Volunteers
 - a. Opportunities to learn:
 - i. Communication skills- patients, family, and care team
 - ii. Hospital’s day to day
 - b. Monthly meeting with guest speakers in various healthcare specialties
 - c. Shadowing opportunities with physicians, nurses and other healthcare professionals
 - d. Opportunity to observe healthcare career positions and opportunity to solidify career choice in healthcare.

Rationale:

1. First addressing benefits for volunteers, the volunteers will provide comfort care to patients, which the CR volunteers will learn patient interaction and communication skills as well as learning communication skills with other healthcare providers.
2. Secondly, the intervention will empower the volunteers by teaching patients and family caregivers falls prevention strategies used in the hospital. The gratification will come when the patient understands the paralleled strategies from acute to home setting.
3. Thirdly, leadership support by implementing a CR manager to assist the volunteers and the care team with the comfort round program and procedures.

Appendix B- Original Falls Prevention teaching tool

Fall Prevention from Hospital to Home

Hospital	Home
<p>Call light</p> 	
  <p>Reduce clutter in hospital rooms by pushing in the ottoman and picking things up from the floor</p>	 <p>The room should be clutter free with nothing on floor to trip over</p>
 <p>IV lines and other cords should be untangled and tied up to reduce fall risk</p>	 <p>Put cords away to lessen a trip or fall & tacked or taped down floor rugs</p>
 <p>Hospital room are well lit even at night</p>	 <p>Brighten your rooms at night to see obstacles that can cause a fall</p>
 <p>Bathrooms should have handbars and non skid floors</p>	 <p>Install grab bars and hand rails for assistance in and out of shower and for toileting</p>

Appendix C- Comfort Rounds Volunteer Feedback—Pre-intervention

Comfort Rounds Volunteer Program Feedback

1. Was (1) 4-hour orientation sufficient for training with (2) senior CRV training volunteer shifts?
If yes, please answer "a" & "b". If no, please answer "b".
 - a. What did you like?
 - b. What can be improved?
2. How did you benefit from the CRV Program? Circle all that apply and Star the best ones.
 - a. **Daily Comfort rounding**
 - i. Learned about hospital day-day operations
 - ii. Learned how to interact with patients
 - iii. Learned how to interact with healthcare team (MDs, RNs, CNAs, Unit Secretary, _____)
 - iv. Learned about different patient populations:
T5-Neuro, T7-Oncology, T8-Ortho, HPM-Long Term Care & _____
 - b. **Career Direction:**
 - i. Chose or solidified career path in / out of healthcare-(optional-career in _____)
 - ii. Advanced to school in: _____
 - iii. Career path advice and suggestions
 - c. **Physician/Nurse/Nurse Practitioner/APRN/ shadowing opportunity**
Optional: Who: _____ Where: _____
 - d. **CRV meetings and Guest speakers**
What did you like about the meeting and which speakers did you like:
 - e. **Recommendation letter / Thank you Certificate for # of hours volunteered**
 - f. **Others:**
 - i. _____
 - ii. _____
 - iii. _____
3. Would you recommend CRV Program to others? _____ Why or Why not?
4. If you have the opportunity to return to CRV program, would you? _____ Why or Why not?

If yes, what would you like to accomplish in your next volunteer opportunity?
5. Other ideas or suggestions to improve our Comfort Rounds Volunteer Program?

Appendix D- Comfort Rounds Volunteer Feedback—Post-intervention #1

Implementation #1: Falls prevention tool

Comfort Rounds Volunteer Program Feedback

Please fill in the answers with your feedback about the Falls prevention tool:

1. Does Comfort Rounds fulfill you, have rewarding situations and/or benefits?
 - a. Yes or No
 - b. Why or Why not
 - c. Please share some

2. When you teach patients about Falls prevention, does it make you feel like you are contributing to their future health and well-being?
 - a. Yes or No
 - b. Why or Why Not

3. Were you comfortable teaching patients and family Falls Prevention using the Falls prevention tool?
 - a. Yes or No
 - b. Why or Why Not

4. What types of patient care would you like to do that brings you sense of fulfillment? Please give examples below:

5. Any other feedback about teaching Falls Prevention using the Falls Prevention tool.

Appendix E- Comfort Rounds Volunteer Feedback—Post-intervention #2

Implementation #2: Comfort Rounds manager














Comfort Rounds Volunteer Program Feedback

Please provide feedback about the comfort rounds (CR) manager. If the CR manager was not available during your shift, please provide feedback for how the CR manager would have benefited you on T5:

1. Did the comfort rounds manager help you to do your job as a CR volunteer? Yes or No
 - a. Circle below: which one(s) did the comfort rounds manager do for you
 - i. Support
 - ii. Answer questions
 - iii. Guidance
 - iv. Teaching
 - v. Advice
 - vi. Other: _____
 - b. Please share examples:
2. Did the implementation of the CR manager position helped to make your comfort rounding experience more beneficial and enjoyable?
 - a. Yes or No
 - b. Why or Why not (please share examples)
3. When did you need the most help from the comfort round manager?
Circle or write in examples:
 - a. Talking to RNs about how comfort rounders are doing and
 - b. Talking to RNs about what the comfort rounders should report to them at the end of day
 - c. Ensure all comfort rounders are consistent with what they do and how they do it
 - d. When new procedures come out, an in-service or meeting was done.
 - e. Newbies – at least 2 shifts with CR manager to ask questions or follow, if they need it.
 - f. Seniors comfort rounders – Shadow comfort rounders bi-yearly or annual to ensure consistency.
 - g. _____
 - h. _____
4. Were the new procedures implemented by CR manager helpful?
 - a. Update Memos from Comfort Rounds Manager - Yes or No
Why or Why not:
 - b. Were the memos easy to understand and follow- Yes or No
Why or Why not:
 - c. Patient Log- Yes or No
Why or Why not:
 - d. Volunteer Communication Log- Yes or No
Why or Why not:

If you'd like to share stories, other feedback or concerns, please write it on the back of this page.

Appendix F- Revised Falls Prevention teaching tool- pg. 1

	<u>Hospital</u>	<u>Home</u>
Call for help!		
Reduce clutter	 	 
Organize cords & Tack down Floors		 
Better lighting		
Bathroom Safety		

Appendix F- Revised Falls Prevention teaching tool - pg. 2

	<u>Home</u>	<u>Hospital</u>
Call for help!	<p>At home, you should use a bell or maybe an electronic device like "Alexa" or "Hey Google".</p> <p>FYI: 40% of elderly will fall after discharge compared to 30% of population. The risk for a stroke patient is increased by 1.5 to 4-fold for a fall in the hospital. After discharge, stroke patients have a 43% to 79% incidence of falling at home and a 45% to 70% chance of a fall in a rehabilitation unit (Alemdaroglu et al., 2012).</p>	<p>In the hospital, you use the call light to alert medical staff that we need help.</p> <p>FYI: With hourly rounding, patients are less likely to get out of bed or try to get a personal item not close to them, which could lead to a fall (Ford, 2010; Hutchings et al., 2013).</p>
Reduce clutter	<p>At home, to prevent falls you may need to reorganize furniture to make a clear path for walking, tack down area rugs, and bring items that are used daily closer or to an area you can reach easily.</p> <p>FYI: Home interventions like personalized environmental assessments by a trained professional could effectively reduce falls in the home setting (Opsahl et al., 2017). Patient education preparing patients and family with falls prevention strategies for the home setting creates a safe home environment (Potter et al., 2014).</p>	<p>In the hospital, to prevent falls we help you reduce clutter by pushing in the ottoman and picking things up from the floor.</p>
Organize cords & Tack down Floors	<p>At home, Electrical cords should be untangled and tied up to reduce risks for falls & reduce tripping hazard</p>	<p>In the hospital, nurses and nurses' aids will untangle and tie up IV lines and other cords to reduce falls risk</p>
Better lighting	<p>At home, your rooms should have sufficient light to see obstacles like a sleeping pet, clothes on the floor, or bed slippers that could cause a fall especially at night.</p>	<p>In the hospital, rooms are dimmed so you may sleep. You should be calling a nurse or nurse's aid to help you go to the bathroom or move around the room.</p>
Bathroom Safety	<p>At home, to reduce falls you should install grab bars and hand rails for assistance in and out of shower and for toileting. Even if you don't think you need it, it comes in handy for everyone using the bathroom.</p>	<p>In the hospital, the bathrooms have handbars and non skid floors</p>

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